DENBIGHSHIRE EDUCATION COMMITTEE

ANNUAL REPORT

of the

Principal School Medical Officer

for the year

1972

M. T. ISLWYN JONES

M.D., B.S., D.P.H., F.F.C.M., M.R.C.S., L.R.C.P.

Principal School Medical Officer

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RHAGAIR

Amcan y Gwasanaeth Iechyd Ysgolion ar hyd y blynyddoedd fû darpar gwasanaeth gorau posibl i'r plant, a chyfarwyddo moddion modern i ddelio ag anghenion newydd.

Gyda sefydlu yr Awdurdod newydd yn 1974 rheidrwydd fydd adolygu yr agweddau o'r gwaith sydd yn sylfaenol hanfodol. Yn y Sir hon, mae'r staff yn yr Adran Iechyd a'n cyfeillion yn yr Adran Addysg yn ffyddiog y bydd i'r ddarpariaeth bresenol barhau i'r drefn newydd, efallai mewn ffurf gadarnach fydd yn arwain i berthynas gryfach ac agosach â'r plentyn. Anghenraid fydd parhau'r cydweithio sydd wedi bod mor amlwg yn y gorffenol. Gallwn yn awr edrych ymlaen at ffrwyth y cyd-weithio — at sefydlu'r ysgolion Arbennig ym Mae Colwyn a Dinbych heb anghofio'r Uned â arloeswyd yn Wrecsam.

Mae'n gofal o blant dan anfantais yn y Sir yn ddigon hysbys. Pleser yw nodi yma apwyntiad diddorol o Gynghorwr Meddygol dan nawdd yr Adran Gyflogi — bydd ei fedr arbennig a'i gydweithrediad yn hŵb pellach i sefydlu'r plant mewn diwydiant.

Gwelwyd cynnydd pellach yn y cyfleusterau i'r plant byddar; pleser yw talu teyrnged i waith Prifathro a staff Ysgol Boras. Buom yn hynod ffodus i gael athrawes symudol sydd wedi arbennigo yn y maes hwn.

Pleser hefyd yw rhoi teyrnged dyladwy a diffuant i Dr. Simmons, Cyfarwyddwr y Gwasanaeth Cyfarwyddyd yr Ifanc ar ei ymddeol. Efe yn anad neb fu'n gyfrifol am sefydlu a datblygu'r Gwasanaeth yng Ngogledd Cymru, gorchest y gall yn wir ymfalchio ynddi. Dymunwn bob hapusrwydd iddo i'r dyfodol.

FOREWORD

The presentation of the Annual Report on the School Health Service in Denbighshire is my opportunity of recording and reminding members of the progress that has been made during the year under review. On this occasion members of the staff have submitted such comprehensive reports that by including them in the body of this report there is little left for me to comment upon.

Dr. Dalzell has given a full account of what has been done for Handicapped Children and an indication of what more will be provided for them in the near future. Her comments and those of Miss V. Reeves, the Educational Audiologist, particularly regarding the Hearing Impaired Child, reflect the profound interest in this particular group.

Miss Bellis has written a comprehensive report on the work of the Speech Therapists and she has once again decried the shortage of staff, equipment and accommodation. However, despite these deficiencies it is obvious that the enthusiasm of the Speech Therapists has ensured substantial benefits for our children.

The Principal Dental Officer, despite staff shortages, has maintained a quality Dental Service for our pupils. The lack of recruitment of Dental Officers has been compensated to some extent by our good fortune in being able to employ four such excellent Dental Auxiliaries.

Mr. E. J. Richards, The Organiser for Special Education, has as usual kindly let me have his comments for inclusion in this report. This, I hope, is indicative of the close relationship that exists between the two Departments. Indeed it would be more appropriate to refer to the excellent collaboration between the multi-disciplinary team that serves the Handicapped Pupils in Denbighshire. Undoubtedly this is the basis for our comprehensive services for these children — St. Christopher's, Ysgol y Dyffryn, Powys and Ysgol y Graig and Brondyffryn. These are complementary to the wide range of special educational services at ordinary day schools.

The Child Guidance Service also plays an integral part in the educational system of this County. Dr. Simmons, the Medical Director of the Child Guidance Service, has as usual presented his Annual Report which I am pleased to include

in mine. This is his last report as Medical Director for he retired from that post in February, 1973. He formed and developed the North Wales Child Guidance Service and that in itself is an achievement to be proud of so there only remains for me to express on behalf of Denbighshire our sincere gratitude for his co-operation and collaboration throughout the years and to wish him every happiness in his retirement.

The Statistical Section of the report reflects the basic elements of the work done by the staff of the School Health Service. These have been compiled and prepared by Mr. David Davies, Section Head, and his staff. I am grateful to him and the staff of the Section for their dedicated enthusiasm and administrative support of the School Health Service.

It is, as always, a pleasure to record my appreciation to the Director of Education and his teaching and administrative staff for their co-operation and help.

Finally, Madam Chairman, may I thank you, the Vice-Chairman and members of the Special Services Committee for your sympathy and understanding of the needs of the Handicapped Children and also for your help in solving some of their problems.

M. T. ISLWYN JONES,
County Medical Officer

County Health Department,
16 Grosvenor Road,
WREXHAM.
Denbighshire.

April, 1973

EDUCATION COMMITTEE

Chairman: Councillor E. B. Miller

Vice-Chairman: Councillor Mrs. E. Jenkins

All Members of the County Council, together with 5 co-opted Members.

SPECIAL SERVICES COMMITTEE

Chairman: Alderman Mrs. Dorothy Dodd

Vice-Chairman: Councillor Edward Roberts

Members:
Councillor D. T. P. Hughes
Councillor Ellis Hughes
Councillor Mrs. E. Jenkins
Councillor A. E. Jones
Councillor Frank Jones
Councillor W. N. Jones
Alderman E. D. Lloyd
Councillor J. I. McCarthy
Councillor C. H. Morgan
Councillor E. Pritchard
Councillor G. H. Ryden
Councillor Dennis Shone
Alderman W. E. Thomas
Alderman Ivan Tuxford
Councillor J. W. Williams
Councillor Keith M. Williams

WREXHAM AREA DIVISIONAL EXECUTIVE COMMITTEE

Chairman: Alderman Eric McMahon

Vice-Chairman: Councillor J. G. Lindsay

Composition—	Members
Chairman and Vice-Chairman of the Education Committee	2
Local Education Authority	10
Wrexham Rural District Council	8
Wrexham Borough Council	6
Co-opted Members	4
	30

STAFF

Principal School Medical Officer:

M. T. Islwyn Jones, M.D., B.S., D.P.H., F.F.C.M., M.R.C.S., L.R.C.P.

Deputy Principal School Medical Officer:

A L. J. Williams, M.B., B.S., D.P.H., M.F.C.M., D.R.C.O.G., A.K.C.

Medical Officers in Senior Posts:

*F P. Peach, M.B., Ch.B., D.P.H., M.F.C.M.
Kathleen Dalzell, J.P., M.B., Ch.B.

School Medical Officers:

*Alwyn Griffith, M.B., Ch.B., D.P.H., M.F.C.M.
*Gareth Williams, M.B., Ch.B., D.P.H., M.F.C.M.
D. Lloyd Williams, L.R.C.P., L.R.C.S., L.R.F.P.S.
A. M. Valle, L.R.C.P., L.R.C.S., D.Obst., R.C.O.G.
C. G. M. Dillon, M.B., B.Ch., B.Sc.
Ann Benjamin, M.B., Ch.B.

* also District Medical Officers

Part-time Medical Officers (as at 31.12.72):

Dr. T. Kenrick Hughes, M.B., Ch.B., D.P.H.
Dr. M. A. Shields, M.B., Ch.B., D.R.C.O.G.
Dr. C. Cowell, M.B., B.S., L.R.C.S., L.R.C.P.
Dr. J. Moulton, M.B., Ch.B. (commenced 1.1.72)
Dr. P. Powell, M.B., Ch.B. (commenced 18.4.72)

Principal School Dental Officer:

D. R. Pearse, B.D.S., D.P.D.

Area Dental Officer:

J. P. Reid, L.D.S., F.R.P.S. (Glasgow).

Dental Officers:

John Jones, L.D.S., R.C.S.
R. H. N. Osmond, L.D.S., R.C.S. (part-time)
J. Hicks, L.D.S. (part-time)
Miss M. F. Swan, B.D.Sc., F.D.S., D.D.O.R., C.P.S. (commenced 7.2.72)

Consultant Orthodontist:

B. T. Broadbent, F.D.S., R.C.S.

Dental Auxiliaries:
Miss A. A. Bright
Miss A. E. Williams
Mrs. D. Lloyd
Mrs. M. I. Croydon (from 29.8.72)

County Ophthalmologists (part-time):
Mary Rowland Hughes, M.B., Ch.B., D.O.M.S.
Gordon L. Harper, M.R.C.S., L.R.C.P., D.O.(Eng)
(resigned 30.6.72).

County Public Health Officer:
D. D. Button, M.A.P.H.I., A.R.S.H.

Educational Audiologist:
Miss Vivien R. Reeves, L.C.S.T., Dip. Audiol.

Assistant County Public Health Officer:
A. E. Lewis, M.A., M.A.P.H.I.

Senior Speech Therapist:
Miss J. Bellis, L.C.S.T., L.G.S.M., I.P.A.

Speech Therapists:
Mrs. G. Edwards, L.C.S.T., I.P.A.
Mrs. M. D. Fitzsimmons, L.C.S.T. (part-time).
Mrs. E. J. Merrett, L.C.S.T. (part-time)

Director of Nursing Services:
Miss Amy Large, S.R.N., S.C.M., Q.N., H.V.(Cert).

Area Nursing Officers:
Miss W. M. Tagg, S.R.N., S.C.M., R.S.C.N., H.V.
Mrs. E. C. Parrish, S.R.N., S.C.M., Q.N., H.V. (Cert).
Leslie Roberts, S.R.N., H.V.O., Q.N.

Nursing Officers:
Miss J. Gilbert, S.R.N., S.C.M., H.V. (from 1.5.72)
Miss E. L. Jones, S.R.N., S.C.M., H.B. (from 1.10.72)
Miss M. E. Roberts, S.R.N., S.C.M., H.V. (from 1.10.72)

Health Visitors and School Nurses:
(as at 31st December, 1972):

Miss J. B. Angwin, Miss M. Bridges, Miss E. M. Coghlan, Mrs. M. B. Cunniffe (part-time), Miss C. J. Davies, Miss J. W. Davies, Mrs. M. G. I. Davies, Mrs. G. O. Dowicz, Miss J. B. Edwards, Miss G. Evans, Miss M. J. Harrison, Miss P. Haworth, Miss O. M. Hobson, Mrs. E. Jones, Mrs. M. Jones, Miss M. Jones, Miss M. E. Jones, Miss R. H. Jones, Mrs. Arfon Jones, Mrs. M. Lloyd Jones, Mrs. K. Mills Jones, Mrs. A. E. Jones, Mrs. D. Lloyd, Mrs. J. W. Molloy, Mrs. J. E. Owen, Miss A. Vaughan Pugh, Mrs. S. Prosser, Mrs. E. G. Rees, Mrs. M. Gore-Rees (part-time), Mrs. V. Richards, Mrs. B. A.

Roberts, Mrs. E. Roberts, Mrs. M. Roberts, Mrs. M. R. Roberts (part-time), Mrs. P. Roberts, Miss G. M. Jones-Roberts, Miss M. Robinson, Mrs. J. Simpson, Miss B. E. Spence, Miss M. Steen, Miss E. Walker, Mrs. M. T. White.

Dental Surgery Assistants:
8 Full-time.
1 Part-time.

School Health Attendants:
6 Full-time.

ADMINISTRATION

Senior Administrative Officer:
G. L. Britton, D.P.A., A.R.S.H.

Deputy Administrative Officer:
Gwilym Davies

Section Head:
David Davies

STAFF OF THE NORTH WALES CHILD GUIDANCE SERVICE

Medical Director and Consultant Psychiatrist:
E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).

Medical Assistant in Psychiatry:
J. Aled Williams, M.B., Ch.B., D.C.H.

Consultant in Child Psychiatry and Sub-Normality:
G. Joy Pryce, M.B., Ch.B., D.C.H., D.P.M.

Clinical Assistants:
W. I. D. Scott, M.B., Ch.B., D.C.H. (part-time).

Principal Psychologist:
W. E. Moore, B.Sc.

*Deputy Principal Psychologist:
J. B. Edwards, M.A.

*Educational Psychologists:
Mrs. R. M. de Hutiray, B.A.
J. Comley, B.A.

Clinical Psychologist:
N. T. Barlow, B.Sc.

Psychiatric Social Worker:
Mrs. E. M. Bott, A.A.P.S.W.

Principal Social Worker:
Miss B. Hamer, A.A.P.S.W., S.R.N., S.C.M.

Social Workers:
Mr. V. V. Bagal, B.A.
Mrs. V. Ford-Thompson
Mrs. M. Scott
Mrs. J. Jones (Trainee)

Therapist — N. Cheshire:

*Employed by the six North Wales Local Education Authorities (Denbighshire, Flintshire, Caernarvonshire, Anglesey, Montgomeryshire and Merionethshire) but form part of the Child Guidance Team under the supervision of the Consultant Psychiatrist (Hospital Board).

Report of the Principal School Medical Officer for the Year 1972

General School Statistics

Table No. 1.

Total number of Schools 175

Total school population 33,676

Type of School	No. of Schools	No. of children in attendance
Primary Schools	151	20,305
Comprehensive Schools	18	13,029
Special Schools:		
Llangwyfan Hospital Special School	1	8
St. Christopher's Special School for Educationally Subnormal Children, Wrexham	1	127
Ysgol-y-Dyffryn Special School for Educationally Subnormal Children Denbigh	1	80
Powys School, Gwersyllt	1	78
Glanydon School, Colwyn Bay ...	1	38
Abergele Hospital Special School ...	1	11

Table No. 2.

Children Medically Examined at School

Age Group	No. Examined	
	1971	1972
(a) Periodic Medical Inspection.		
Entrants	2,608	2,979
Second-age group	470	363
Leavers	1,829	1,180
Additional Periodics	327	108
(b) No. of special inspections ...	1,156	1,279
(c) No. of re-inspections	2,145	2,073
Total	8,619	7,982

Medical Examination of children at School

Some years ago, the annual routine medical examination of children in the second age group was dispensed with and a selective method was introduced for those children in vulnerable groups. Over the years, the time of the Medical Officer has been increasingly involved, day by day, with the continuing care and support of handicapped children and those other services in the Child Health Services which require the experience and skill of School Medical Officers. In consequence, serious consideration must be given to replacing the annual school leavers' examination by a similar selective method of examination in order that the time of the School Medical Officer may be devoted to the problems of those who are in any way handicapped.

Table No. 3.

Analysis of defects found at Periodic Inspections during the year ended 31st December, 1972.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS						TOTAL	
		ENTRANTS		LEAVERS		OTHERS			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	3	24	2	6	—	10	5	40
5	Eyes:								
	(a) Vision	56	94	4	19	23	55	83	168
	(b) Squint	12	14	—	1	2	5	14	20
	(c) Other	—	3	—	1	2	7	2	11
6	Ears:								
	(a) Hearing	3	119	1	23	16	198	20	340
	(b) Otitis Media	4	26	—	—	1	17	5	43
	(c) Other	—	4	—	—	2	12	2	16
7	Nose and Throat	23	114	—	11	19	38	42	163
8	Speech	12	48	2	3	5	18	19	69
9	Lymphatic Glands	1	8	—	—	—	2	1	10
10	Heart	1	26	—	6	—	16	1	48
11	Lungs	6	34	1	7	3	13	10	54
12	Developmental:								
	(a) Hernia	—	24	—	1	4	6	4	31
	(b) Other	2	48	—	6	3	17	5	71
13	Orthopaedic:								
	(a) Posture	—	15	—	1	—	7	—	23
	(b) Feet	4	29	—	—	3	11	7	40
	(c) Other	—	27	—	3	2	11	3	41
14	Nervous System:								
	(a) Epilepsy	1	15	—	1	2	14	3	30
	(b) Other	1	11	—	—	—	6	1	17
15	Psychological:								
	(a) Development	—	42	—	9	3	28	3	79
	(b) Stability	—	18	—	—	3	16	3	34
16	Abdomen	3	23	—	4	2	12	5	39
17	Other	6	55	—	2	11	23	17	80
	Total	138	821	11	104	106	542	255	1467

Table No. 4.

Analysis of defects found at Special Inspections during the year ended 31st December 1972.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4.	Skin	2	2
5.	Eyes:		
	(a) Vision	8	38
	(b) Squint	3	6
	(c) Other	—	3
6.	Ears:		
	(a) Hearing	—	62
	(b) Otitis Media	—	12
	(c) Other	—	5
7.	Nose and Throat	4	25
8.	Speech	2	12
9.	Lymphatic Glands	—	5
10.	Heart	—	7
11.	Lungs	—	5
12.	Developmental:		
	(a) Hernia	1	6
	(b) Other	—	4
13.	Orthopaedic:		
	(a) Posture	—	4
	(b) Feet	—	4
	(c) Other	—	5
14.	Nervous System:		
	(a) Epilepsy	1	6
	(b) Other	1	10
15.	Psychological:		
	(a) Development	—	16
	(b) Stability	2	6
16.	Abdomen	—	6
17.	Other	2	12
	Total	26	261

Table No. 5.

Infestation with Vermin

	Sex	5 - 7 years	7 - 11 years	11 - 14 years	14+ years	Total
No. of individual examinations of pupils	M.	10241	9983	2194	116	22534
	F.	10313	9496	2298	257	22364
	Total ...	20554	19479	4492	373	44898
No. of pupils infested ...	M.	328	493	112	1	924
	F.	564	524	130	8	1226
	Total ...	892	1017	242	9	2160

There has been National concern about the increasing incidence of head infestation over the past two years and in consequence, school nurses have been more vigilant in schools throughout the County. During 1972 the number of pupils examined increased by 49 per cent and the incidence of infestation per 100 children examined rose from 4.3 to 4.9.

Routine screening of Hearing and Vision

For many years the School Health Attendants employed by the Department have been responsible for the routine screening of vision and hearing of schoolchildren. Their work has enabled the Health Visitor to devote her specialist skills to those areas of the School Health Service which require her nursing and social expertise.

The growth of this fundamental screening programme has provided the firm base upon which the Audiology Service has been developed within the County. There is a frequent turnover of staff without any detriment to the service provided because the appointments have been made with the same degree of care that the importance of the work demands.

Audiology Service

Annual Report of the County Educational Audiologist for the year 1972

At first glance, it might seem a little disturbing that during 1972 over a thousand files were opened on children considered to be at risk educationally on account of hearing impairment. Denbighshire, however, is not in the clutches of an epidemic but merely exposed to the well-known effects of Parkinson's Law.

Throughout the county it is apparent that there is a growing awareness among parents, as well as teachers, of the possible effects of hearing loss and this fact, together with speedier follow-up assessment of children "failing" routine hearing tests and closer liaison with E.N.T. departments, has led to a situation whereby children are receiving medical and surgical help earlier. In result, many are having normal hearing restored before their academic and linguistic achievements have been seriously retarded.

For those children who cannot be helped medically, I have been taking a very close look at the developments that are taking place in the field of hearing aids. While the small range of hearing aids supplied by the National Health Service has remained substantially the same and fails to cater for the width of type of hearing impairment that exists, some commercial hearing aid manufacturers, notably those in Denmark and Holland, have grasped the challenge presented by an increase of knowledge concerning the effects of damage within the inner ear and explored the possibilities of overcoming them via sophisticated hearing aids. The following recent advances are worthy of comment:

1. **Compression** — Some forms of hearing loss result in vulnerability to pain when amplification reaches a certain level. This, more usually, occurs over high and low frequencies. With compression, the frequencies are literally drawn together and "bunched" over the middle range while causing minimal interference to intelligibility.

2. **Transposition** — In severe forms of deafness the child retains only a small island of hearing over the low frequencies. Even with massive amplification he perceives merely a grossly distorted series of signals and none of the acoustic information so vital for the interpretation of speech

which is contained in the high frequencies. With transposition, a hearing aid amplifies the low frequencies and also receives high frequencies but transposes these down into the low frequency range, so that the listener hears two bands of acoustic information superimposed one upon another.

3. **Directional Hearing** — Among the difficulties in adapting to the use of a hearing aid is the fact that all sounds are amplified indiscriminately, that the detection of sound source is extremely difficult and that the listener has great problems in the suppression of "unwanted" sound, in order to perceive sounds of importance. The microphone on a directional hearing aid gives emphasis to sounds coming from one direction, so giving the practised listener not only the necessary information about the source of sound but the opportunity to focus his auditory attention on one particular area.

Apart from these three exciting developments the microphones, those important receptors, on most good aids have improved radically and closer attention has been paid to the shaping and fitting of ear moulds, the much ignored part of a hearing aid through which sound is relayed to the ear. Thanks to the insight of Special Services Committee members, we have, during 1972, bought some of these remarkable new hearing aids for Denbighshire children and in some instances, have had the satisfaction of seeing almost instantaneous heightening in the quality of their lives. The prices of hearing aids have increased this year in parallel with everything else but it is doubtful whether monetary value can be placed on hearing.

In West Denbighshire, multi-disciplinary assessments of pre-school children have increased and more young children with auditory problems have been revealed. The news of the opening of a unit for Hearing Impaired children in Rhyl was received with great pleasure: three Denbighshire children are now attending this Unit and one attends the Unit at Llandudno Junction. All are doing well and add support to the policy of making local educational provision for handicapped children whenever possible. Our own Unit in Wrexham is now in the charge of Mr. Powell Edwards and, together with Mrs. Tina Jones the Nursery Assistant, he continues to demonstrate how well severely handicapped children can function within a "hearing" environment where the expectation of normal language patterns is high.

The Audiology Service cannot and does not work in isolation. The services for hearing impaired in Denbighshire are not merely the work done from the School Health Service, the Education Department and the Hospital services, but also the practical care that emanates from the Chester and North Wales Society for Deaf, and the developing involvement of the local branch of the National Deaf Children's Society who are, at present, raising money for the installation of loop systems in the homes of hearing impaired children in order to make television a reality to them. During 1972, the Wrexham Lions made a magnificent twofold gesture to the Department. Not only did they make a gift of thirteen badly needed Speech Training Aids but in raising the money for this project, the general public were made aware of the hearing impaired children in the community and the kind of technical developments now available to assist them to cope with their handicaps.

Whilst I am happy to report my conviction that deafness in children is increasingly being respected as one of the most severe of all handicaps and being given the attention it deserves, I look forward to a time when services are extended across the community and equal commitment made to the members of the adult world faced, often suddenly, with the engulfing implications of an acquired deafness.

V. REEVES,

Educational Audiologist.

Enuresis (Bed-wetting)

Reference was made in the Annual Report for 1971 to the increasing problem of enuresis and the establishment of Enuretic Clinics. The effect of the regular Clinics has led to the reduction in the list of children awaiting treatment from 87 to a very small number and consequently no child has now to wait for any length of time before treatment can commence.

Table No. 6.

Treatment of Eye Defects at County Consultative Clinics

Clinic	No. of Sessions	No. of individual cases seen	Total No. of attendances	Number prescribed with glasses	Number discharged
Abergele	2	28	28	20	10
Chirk	4	51	55	27	7
Denbigh	12	134	136	54	25
Llanrwst	10	74	76	17	18
Wrexham	12	129	144	44	14
Colwyn Bay	5	72	82	42	23
Ruabon	11	120	132	36	15
Totals	56	608	653	240	112

Table No. 7.

Treatment of Eye Defects by Hospital Service

	No. of Pupils treated by Hospital Service	
	1972	1971
No. treated	877	1,282
No. for whom spectacles were prescribed	215	247

Speech Therapy Service

Annual Report of the County Senior Speech Therapist for the year 1972

In the Spring Mrs. D. Fitzsimmons offered to work for two additional sessions per week. We were, therefore, able to re-open Rhos Clinic, which had been closed for several years, and to arrange for her to visit the Unit for Hearing Impaired Children at Borras Park School. Mrs. Fitzsimmons has a particular interest in this field, and welcomed the opportunity to work with our colleagues in the Unit.

I am pleased to report that waiting lists for some clinics have been reduced, and there is now little delay in offering an initial appointment for children to attend the clinics in Wrexham. Increasing demands are being made on the service, however, and further requests are expected when Brondyffryn Hall School opens in Denbigh, and it will be necessary for a Speech Therapist to be appointed to work in the new Assessment Centre in Wrexham.

Unfortunately we have been unable to recruit additional full-time staff, and although there is a general shortage of speech therapists throughout the British Isles, I feel we should make more effort to attract therapists to this County.

The difficulty of staff recriutment to rural areas is one of the many problems discussed in the Quirk Report. This by the Committee of Enquiry into Speech Therapy Service was published in October, 1972.

I read this Report with great interest and welcomed many of the recommendations made. Some are far-ranging and concerned with the future organisation and development of the profession but I feel that the recommendations relevant to our immediate problems of administration and recriutment should be implemented at the present time. These matters have already been put forward in a separate report, now under discussion by various committees, and I look forward to hearing their comments.

In September I was very pleased to be able to attend the National Conference of the College of Speech Therapists in Bedford. The programme was biased towards topics pertinent to day-to-day clinical treatment within the school

health service, and afforded good opportunity for informal discussions with colleagues from all parts of the British Isles.

The regular meetings of Denbighshire speech therapists have been maintained during 1972. These provided an opportunity for information from the Bedford Conference to be relayed to staff members, and the implications of the Quirk Report to be discussed in depth.

Quirk realistically attacks the attitude held by many Local Authorities that successful speech therapy can be achieved in improvised accommodation.

It is generally accepted that a patient's confidence is gained in a colourful, friendly and attractive environment and clearly one of the functions of speech therapy is to provide an environment rich in linguistic stimulation and experience. There are only two speech therapy clinics in Denbighshire where I feel the rooms are adequate for our needs.

In order to provide an efficient service the speech therapist should be a regular and frequent visitor to both schools and clinics, and it follows, therefore, that a suitable room should be provided for this purpose, and this, of course, could also be made available for the use of visiting staff of other departments such as Audiology and Child Guidance.

The need for a suitable therapeutic environment is particularly relevant in treatment of very young children. It may be advisable in the absence of suitable clinic accommodation to see the child in his home, even though this may not be very satisfactory, is time-consuming, and the therapist often arrives laden with equipment, in an assortment of bags and cardboard boxes. The practical application of which may be limited in home surroundings.

Mrs. G. Edwards commented as follows—

"The number of pre-school children referred is increasing, and though it may not always be possible to see these as frequently as one would wish nevertheless, attendances are valuable for assessment, advice, and alleviation of anxiety in parents. It has been possible for me to make only

one domiciliary visit in the case of the pre-school child but the benefit gained from that visit confirming my view of the advantages of seeing the very young child in his home. However, lack of time precludes frequent visits of this type.

Experiments in the use of intensive speech therapy have taken place in various parts of the country, and one is aware of the advantages of such treatment for certain children over the usual weekly or fortnightly visits. However, the scattered area which has to be covered, together with the shortage of speech therapists, prevents this method of working being adopted at the present time.

Un o'r anawsterau ynglyn a delio a phlant Cymraeg, yw nad oes profion iaith yn y Gymraeg ar gael. Hyderwn y bydd gweld yr angen yma yn gymhelliad i'r coleg newydd yn Llandaffymgymeryd a'r gwaith."

JILL BELLIS,
Senior Speech Therapist.

Table No. 8

Speech Therapy

Clinic	No. of Half-day Sessions	No. of New Cases	Total No. of attendances	No. of Cases Discharged from treatment	No. of Cases awaiting treatment
Colwyn Bay	86	21	457	17	16
Llanrwst	73	14	407	9	8
Abergele	71	24	351	23	5
Denbigh	38	14	157	6	12
16 Grosvenor Road	147	61	546	29	6
Hightown	30	6	95	7	4
Queen's Park	30	5	98	8	14
Rossett	26	4	134	11	—
Rhos	17	10	59	5	4
Ruabon	—	5	—	3	—
Ruthin	16	5	34	6	6
Borras Park	9	1	47	—	—
St. Christopher's	27	—	192	—	—
Ysgol y Dyffryn	24	6	55	4	—
Total	594	176	2,632	128	75

Table No. 9

Speech Therapy — Analysis of New Cases

Deafness	—	Stammerers	23
Delayed Speech	37	Dyslalia	98
Educational Subnormality	1	Cleft Palate	1
Indistinct Speech	1	Dysphonia	2
Mixed Defects	13	Cerebral Palsy	—

Table No. 10.

Speech Therapy—Analysis of Cases Discharged from Treatment.

		Unlikely to benefit from further treatment							
Normal	Substantially Improved	Improved	Unimproved	Referred to other Services	Left Area	Left School	Non-Attenders	Refused Treatment	Total
73	26	6	1	2	5	1	13	1	128

Table No. 11.

Deaths of Schoolchildren, showing Cause, Sex and Age

Cause	Sex	Age	Total
1. **Accidents**			
1. Intra-cranial (extra-dural) haemorrhage due to fracture of base of skull sustained when deceased was run down by a motor car	Male	10	1
2. Intra-cranial (sub-dural) haemorrhage sustained when deceased was swinging over a steep bank from a rope secured to the branch of a tree and lost his grip on the rope	Male	14	1
3. Contusion of brain due to head injury sustained when deceased was run down by a motor car	Male	8	1
2. **Other Causes**			
1. (a) Myocardial ischaemia. (b) Congenital sub-aortic stenosis.	Male	10	1
2. Acute lymphatic leukaemia	Male	6	1
3. (a) Cor Pulmonale. (b) Fibrocystic Disease.	Female	9	1

Of the six deaths in school children three were due to accidents and two to the late effects of congenital disease. Accidents are by far the commonest cause of death in this age group.

Table No. 12.

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) affecting Schoolchildren during 1972)

Disease	No. of Cases
Scarlet Fever	24
Whooping Cough	1
Measles	241
Infective Hepatitis	1
Food Poisoning	1
Dysentery	26
Total	294

Table No. 13.

Immunisation and Vaccination of Schoolchildren

	Primary Course	Reinforcing Dose
Poliomyelitis	130	2,013
Tetanus	158	1,716
Smallpox	36	39
Diphtheria	115	1,665
Measles	145	—
Rubella	646	—

Table No. 14.

Incidence of Tuberculosis in Schoolchildren

	No. of Notified Cases							
	1965	1966	1967	1968	1969	1970	1971	1972
Pulmonary	4	2	5	3	2	4	—	2
Non-Pulmonary	—	—	1	—	1	—	—	—
Total ..	4	2	6	3	3	4	—	2

Two cases of pulmonary tuberculosis in schoolchildren were notified during 1972, one was a young girl in the Wrexham Rural District Council area and the other a boy in the Abergele area.

Table No. 15

B.C.G. VACCINATIONS, 1972

School	No. Skin Tested	No. Positive	No. Negative	No. Vaccinated
Dinas Bran	187	15	166	166
Alexandra Secondary Modern ...	31	1	30	30
Bryn Offa	180	13	165	165
Grove Park (Girls)	143	12	131	131
Rhos Secondary Modern	110	10	100	100
Yale High	73	3	70	70
Brynhyfryd	162	19	138	138
St. David's	152	14	136	136
Darland	82	7	74	74
Morgan Llwyd	35	2	33	33
St. Joseph's	61	5	55	55
St. Christopher's	11	—	9	9
Abergele High	101	3	94	94
Denbigh High	138	6	130	130
Ysgol Dyffryn, Conwy	140	11	128	128
Colwyn High	58	—	39	39
Total	1,664	121	1,498	1,498

The percentage of positive reactors (7.1 per cent) is only just over half that found in 1971 (13.8 per cent) indicating the decreasing prevalence of tuberculous and closely related bacilli in the environment. It also means that more pupils are receiving immunisation against this disease before they come into contact with it and thus have a high degree of immunity when the risk of contracting the disease is highest i.e. during their teenage years.

Table No. 16

Teachers' Medical Examinations on Forms 28 R.Q. and 1OR (Med.) T.C.

Medical Category	MALES			FEMALES		
	By D.C.C.	For Other Authorities	By Other Authorities	By D.C.C.	For Other Authorities	By Other Authorities
A.1	11	1	4	18	4	1
A.2	7	1	4	19	1	4
B.1	1	—	—	1	—	—
Total	20	2	8	39	5	5
Medical Questionnaire	79	—	—	144	—	—
Total	99	2	8	183	5	5

Other Education Appointments

No. Medically Examined	No. Screened by Medical Questionnaire Method	Total
164	350	514

Table No. 17

College Entrants' Medical Examinations on Forms 4 R.T.C.

Medical Category	Males	Females
A.1	76	140
A.2	28	47
B.1	3	4
B.2	—	—
Total	107	191

Sanitary Conditions in Schools

No changes were made in the arrangements for the inspection of school premises during the year. The Medical Officers and County Public Health Officer continue to take an interest in such matters as the preparation of food in school kitchens and the condition of toilet accommodation, heating, lighting, ventilation, noise and similar problems.

During the year a number of matters were looked into in rather more depth. These were the use of potentially dangerous materials in some craft rooms, the disposal of surplus supplies of toxic chemicals and the use of frozen foods in the School Meals Service. In no case was it necessary to make any adverse comment.

Standards in school kitchens continue to be extremely satisfactory and the fact that we have had no outbreak of food poisoning in schools for at least seven years reflects the high standards obtaining.

In two instances hand rinsing using sterilising fluid was introduced as a control measure in connection with sonne dysntery.

Milk in Schools

Milk supplied to schools in the County was again of a very satisfactory standard.

The arrangement for the supply of milk in some rural schools by means of refrigerated cabinets was continued throughout the year. This method of supply has now been completely accepted and, in many instances, head teachers have expressed a preference for this kind of distribution principally on the ground that it is much more convenient and leads to no problems in the collection of dirty milk bottles.

Handicapped Children

The skills available are deployed in anticipation of early identification, assessment, management and advice on educational placement of all handicapped children and embracing the whole spectrum of handicap. Such work involves not only executive medical skills but a complex clinical administration which occupies a unique position in

relation to the child in that it receives information from many sources; it evaluates all information, interprets and transmits information in appropriate form and mobilises the resources of all other agencies involved with the child. Having regard to the manifold facets of the child's being — his emotional maturation, his intellectual development, his physical make-up and his all-important social orientation within the several communities in which he lives, viz.— his family and extended family, his peer group in and out of school and in the community as a whole — it can readily be appreciated that the quantity and diversity of information available is very considerable. The co-ordinating role of the specialist medical officer is of paramount importance if such a wealth of expertise is to be collated and directed towards achieving maximum benefit for the child.

Earlier reports have emphasised the importance with which we regard our involvement with the pre-school child. In Denbighshire, where a baby is overtly handicapped from birth (e.g. Spina Bifida child or the child with Down's Syndrome (Mongol), where mental handicap is implicit from the beginning), the skills of the specialist medical officer are made available immediately to the stricken family. The condition is interpreted for the anxious parents and information is given about its implications, this being done in the home where the parents are in the best position to receive and absorb that information. Questions are encouraged and answered, especially those relating to the child's likely educational needs and of the educational provision available; contact is established with all services and agencies which are available to the family, e.g. Constant Attendance Allowance, Social Services' Department, Voluntary Societies, Family Planning etc. Counselling of the parents is seen as a major function of the specialist medical officer. Practical advice is given on all aspects of the child's management and development so that he may be stimulated and encouraged in the best possible way throughout his vital formative years. This regular early home visiting greatly relieves the anxieties of parents by demonstrating to them that they are not alone with their handicapped child and gives support by assisting them to develop positive attitudes towards the child, thus lessening the likelihood of rejection.

Comprehensive assessment of the total family situation involves evaluation of the emotional state of all its members, the relationship within the extended family and with neighbours, the possible strain on the marriage, the financial

status of the family unit, the effect on siblings etc., and steps are taken to help mitigate the difficulties associated with the presence of a handicapped child within the family. Such help may involve recommendation of premature admission to school, of young siblings, rehousing or adaptations to existing premises, short-term care of the child to relieve times of crisis in the family and other means whereby the parents may be encouraged to live a full life.

The concept of multi-disciplinary involvement (patient-care team) with all handicapped children is practised from the earliest time and the skills of our Educational Audiologist are introduced at Joint Assessment sessions when the child's developmental progress is related to expert appraisal of his hearing mechanisms and to the quality of his speech and language development; from thence, as and when necessary, the valuable opinion and advice of our Senior Speech Therapist contributes to the overall treatment of the child. The ability of the child to communicate by means of the spoken word and his ability to form concepts through stored "inner language" are blessings which are naturally assumed until the failure of the child to speak looms large on the horizon and the prospect of a severe learning problem in the future clouds his development.

This most precious of human talents must occupy our thoughts at all times when dealing with the child and those of us who regard problems of communication as major priorities are committed to sharing the sparse skills available where the problems are greatest. The need to develop the service by augmenting the highly trained establishment causes deep concern —- the problems are diagnosed; the difficulties lie in having sufficient staff available to meet the needs in this specialised field.

I would hope that strenuous efforts to recriut more staff will not meet with disappointment.

The Child Health Service devotes most of the professional time available to the development progress of the child and for a long time it has been our earnest desire to have available the expertise of our Educationist colleagues from the earliest years. At present, assessments are, of necessity, carried out in a somewhat fragmented fashion in the home and Child Health Centre. 1972 saw the exciting concept of the Educational Assessment Unit brought step by step to the final approved plan. To have available to the

handicapped child, under one roof, with no physical barriers and no separation of interests, the many skills which can contribute to the diagnosis and assessment of his total problem is surely a fine ideal. The realisation of all the planning and enthusiastic anticipation is likely to be one of our most potent motivations for the year ahead. Truly, it can can then be said that intergrated, multidisciplinary teamwork is at the service of the handicapped child and his family. Every facet of the child can be explored, his weaknesses illuminated and his strengths discovered and exploited in order to overcome his weaknesses. Assessment is but the beginning of our task; to uncover a problem without then providing appropriate treatment would be manifestly unkind and therefore, the individual needs of each child must be determined and met. Their needs will be many and varied and it will remain of paramount importance to translate the professional guidance from within the Unit into the home, involving the whole family.

I am confident that the inter-professional relationships which already exist will flourish and generate a highly sophisticated team devoted to the challenging problems which are in our midst, working in premises which offer the optimum equipment and equally importanly, the opportunity to work, literally, alongside each other.

It is with great pleasure that I am able to report the admission to ordinary schools of two severely physically handicapped children during the year, both of whom are already happily integrated into their schools and making excellent progress. The Headteachers and their staffs are to be congratulated and mention must be made of the assistance given with urinary appliances on a regular daily basis by the Area School Health Visitors.

During the year, the projected educational needs of two more Spina Bifida children, both gravely physically handicapped, in attendance at the Maelor Hospital Spastics' Day Centre, required consideration. Well in advance, at a series of meetings with Educationist colleagues held at this Department and with staff at the Day Centre, each child's needs were discussed. Headteachers of the two schools in whose catchment areas the children live were invited to participate in the discussions and to become acquainted with the children and I am happy to record that, in both cases, a decision was made to admit the child to School in January, 1973.

The benefits which accrue to the child by his ready acceptance into the ordinary school are immeasurable and the maintenance of his contact with home and friends greatly to be desired.

The Hearing Impaired Child

I pay special tribute to the Headteacher and staff of Borras Park School, not only for their continuing splendid work with the handicapped children already in the School and requiring the special facilities of the Partially Hearing Unit, but for the fact that, among children newly admitted to the Unit in 1972, one child, in addition to her profound hearing loss, is physically handicapped. This child's educational needs are complex and, indeed, no Residential School for the Deaf within a wide radius was prepared to accept her, because of her physical disabilities. The challenge was presented to the staff of Borras Park School and they have met it admirably. Apart from the improvement in her physical control, she has become better socially orientated and the continuous contact with her family and peer group has resulted in steady emotional maturation. Her profound hearing loss presents difficult problems of communication but the staff have devised methods of teaching which are producing good results.

One Flintshire child who has the additional handicap of very defective vision was admitted to the School in March, together with another child from East Denbighshire who, sadly, had suddenly become deaf following an illness. Both are making excellent progress. The last place available in the Unit has been filled by a $2\frac{1}{2}$ year old child who attends on a part-time basis while still receiving auditory training at home.

Mr. D. Powell-Edwards, who was appointed in September to the post of Peripatetic Teacher of the Hearing Impaired is a most valued member of the team and his enthusiastic involvement and teaching skills are much respected.

I make special mention also of the experienced contribution of Miss Ward in West Denbighshire who has also given valuable guidance in East Denbighshire and I cannot let this year's report reach completion without bringing to your notice the marvellous progress of a child, profoundly handicapped, who transferred to Secondary School during the session. What has been achieved with this child would

have seemed impossible a year ago and her progress is a testimony to the co-ordinated teamwork of the school staff and Miss Ward.

Miss Reeves has continued, with deep, personal commitment and highly-professional skill, to develop the audiology services in the County and I cannot now visualise the service being in any way satisfactory without such expertise being readily available. Her dedication to the improvement of the plight of the hearing impaired and, indeed, to all whose ability to communicate normally is forfeit, is of a high order and Denbighshire is fortunate to have her in its team.

During the year each and every child with a severe degree of hearing loss was reassessed with particular reference to the type of amplification required to enable him to benefit fully from his education. With the moneys made available by the Education Authority, unsuitable or effete aids were removed and powerful commercial aids fitted in accordance with individual needs.

Future development of the Educational Provision for the hearing-impaired child remains a pressing issue. With the Unit places at Borras Park filled, the proposed second Infant and Juior Unit to cater for children in the Chirk, Llangollen and Ruabon areas becomes an urgent necessity. Furthermore, specialist provision in the Secondary School has not yet been resolved; means whereby this age group may best receive the help which is vital to them, especially as their career prospects are taking shape, must be explored. It is a matter of grave concern that a number of hearing-impaired children complete their education, under-achieving and rejecting their hearing aids.

Brondyffryn Hall School

While awaiting completion of the school buildings, the highly-specialised needs of the small but significant number of children with severe communication and learning problems (including the so-called 'Autistic child') which the school will accommodate have been further discussed with Educationists and Consultant Psychiatrists. The emotional stresses and strains imposed on families with such difficult children are immense; to assist in their care while searching and developing their potential, will relieve the seemingly intolerable burden of having to cope daily with a situation which many parents could not withstand. To maintain a

warm, loving relationship with a child who cannot communicate by means of speech, whose behaviour can be so disturbing as not to allow a moment's peace and whose ability to return parental love by means of affection is reduced to a minimum, is perhaps one of the most demanding qualities to be expected of any parent.

The opening of the School is anticipated with growing excitement since much will be learned from the complex problems exposed and the challenge of meeting the needs of such unfortunate children will test the skills of all who are involved.

The child with a Hidden Handicap is diligently sought with the aim of providing the right treatment as soon as possible and the Monthly Combined Meetings of Officers is a most effective forum for bringing such children to the attention of all who need to be concerned. The handicaps discussed range from the most severe to the minimally handicapped child, whose difficulties in having to cope in the competitive environment of ordinary school on the same terms as his unaffected peers can be great. Children known to the Health Department through the "At Risk" register frequently fall into this latter group and the anticipation of learning difficulties can be valuable in the early recognition of specific handicaps and the prevention of secondary emotional problems, by the provision of skilled help which is geared to the individual child.

The Handicapped School Leaver

Mention has been made of the hearing-impaired school leaver; another important group are the Epileptics. Careful attention is paid to all known epileptic children at the school-leaving medical inspections and, in those instances where regular consultant supervision is not taking place, with the approval of family doctors, referral for reassessment is made so that a child who is in fact no longer epileptic, embarks upon a career with no unnecessary restrictions imposed upon him.

In this important field, the impending appointment of the Employment Medical Advisor in 1973 is welcomed and he will be a valuable member of the Quarterly Co-ordinating Committee, directing more expertise to the important task of placing the young handicapped in rewarding work which their disabilities allow.

The implementation of the Children's and Young Persons' Act, 1969, has resulted in the Denbighshire Social Services' Department establishing regional assessment and treatment centres for the whole of North Wales. A designated Medical Officer of this Department will be involved in a co-ordinating medical role in addition to determining specific educational problems, which will place additional responsibilities on the staff of the School Health Service.

KATHLEEN DALZELL,

Senior Medical Officer in Department

Table No. 18.

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

	(1) Blind	(2) Partially Sighted	(3) Deaf	(4) Partially Hearing	(5) Delicate	(6) Physically Handicapped	(7) Educationally Subnormal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total — (1) - (10)
In the calendar year ended 31st December, 1972.											
(a) Number of handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	—	1	—	3	1	1	31	—	1	—	38
(b) Number of children included at A, who were newly placed in special schools (other than hospital schools) or boarding homes	—	1	—	2	—	1	14	—	1	—	19
(c) Number of children assessed prior to 1st January, 1971 who were newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	2	1	1	24	—	—	—	28

Table No. 18 (continued)

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

	(1) Blind	(2) Partially Sighted	(3) Deaf	(4) Partially Hearing	(5) Delicate	(6) Physically Handicapped	(7) Educationally Subnormal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total — (1) - (10)
(d) Number of Handicapped Pupils from the area :											
(1) Attending maintained special schools:											
(i) Day pupils	—	—	—	—	—	—	265	—	—	—	265
(ii) Boarding pupils	—	—	—	1	—	14	31	—	—	1	45
(2) Attending non-maintained special schools:											
(i) Day pupils	—	—	—	—	—	—	—	—	—	—	—
(ii) Boarding pupils	2	6	8	7	1	1	1	1	1	1	29
(3) Attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	2	—	—	2
(4) Attending special classes in ordinary schools	—	—	—	13	—	—	—	—	—	—	13

Table No. 18 (continued)

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

	(1) Blind	(2) Partially Sighted	(3) Deaf	(4) Partially Hearing	(5) Delicate	(6) Physically Handicapped	(7) Educationally Subnormal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total — (1)-(10)
(5) Boarded in homes and not already included in (d) (1) above	—	—	—	—	—	—	—	—	—	—	—
Total (d)	2	6	8	20	1	15	297	3	1	1	354

Table No. 19. Extracts from some Reports of Children in Residential Special Schools

Sex	Age	Category	Date of Admission	Progress
Female	6 years	Blind	4.2.70	Although this affectionate little girl has spent a happy year, she has made no appreciable progress in any direction whatever.
Male	15 years	Partial-sighted	20.4.64	He has made good progress this year. He seems to be maturing and coming to terms with his earlier anxieties.
Male	6 years	Deaf	26.1.70	His attitude to work is one of co-operation. He works hard.
Female	9 years	Partial-hearing	9.1.67	Happy and mature girl with occasional outbursts of temper. Good attitude to school work.
Male	15 years	E.S.N.	1.5.68	Can do simple addition up to 100 under supervision. Does not readily recognise money. Shows an interest in wood work and light metal work. Very keen to help with outdoor and other projects.
Male	10 years	Maladjusted	10.10.71	He has always found difficulty in relationships. He has improved in his attitude to adults and can talk in a normal sensible manner. His manner is more open and he is more cheerful and can take frustration easier.
Male	14 years	Speech	14.9.71	He has a long leeway to make up, but he tries and is improving.

NORTH WALES CHILD GUIDANCE CLINICS

Report of Dr. E. Simmons, Medical Director, for the year ending 31st December, 1972.

It gives me great pleasure to present the report of the North Wales Child Guidance Clinics for 1972.

I do so on this occasion in the form adopted in earlier years. This allows me to comment on the main aspects of the work of our clinics at some length and while doing so to look, with some reference to the past, at some of our expectations and hopes for the future.

1. The North Wales Counties Mental Hospital Management Committee with the support of the Welsh Hospital Board, agreed in 1950 to establish a Child Guidance Service for the North Wales area, under the direction of a Consultant Child Psychiatrist.

Children of all ages and intelligence levels presenting behaviour and learning problems, showing unusual development of the personality, or believed to be "emotionally disturbed" were referred by medical and non-medical agencies in the area.

The roots of the clinics were thus in the hospital service but members of staff were, from the beginning, outward looking and many aspects of their work orientated towards the community, where most needs seemed to lie and might most readily be met. Close links with the School Health Services were forged early, to be followed by similar and no less important ones with the Education and Social Services, Schools and Children's Departments in particular.

Contacts with these and all medical agencies have been built up over the years to enable the clinics to provide a comprehensive service for North Wales.

New referrals, for clinical causes only, rose from a previous high of 586 during 1971, by over a hundred to 689 in 1972.

2. DEPARTMENT OF PSYCHOLOGY

(a) School Psychological Service

In 1956 an experienced Educational Psychologist was appointed to the staff and with that the first step taken towards the creation of a psychological service for schools.

As demands increased and additional Psychologists were needed, the Denbighshire Education Authority acting on behalf of the other authorities, made the required appointments. The Psychologists were seconded to the clinics and worked as members of teams. To an increasing extent they received referrals directly from teachers and Education and School Health Officers, and accepted responsibility for their work.

During 1972 the position of the workers concerned was formally recognised, and they are now based on the Education Offices of the Counties in which they operate. They continue to participate in the work of clinic teams, and share with the clinical staff the now greatly improved facilities available at Bod Difyr, our central office in Old Colwyn.

2. (b) **Clinical Psychology**

We are fortunate to have a Principal Psychologist heading the Psychological Department who has had training and wide experience in clinical and educational psychology. He has made a major contribution to the development of his speciality in the Child Guidance and School Psychological Services, its growth in adult psychiatry and subnormality work, and its introduction into other medical specialities, in particular, paediatrics.

In a number of memoranda Mr. Moore has described the nature of the Psychologist's work and his contribution to diagnosis and treatment. He has also proposed a realistic approach to diagnosis and treatment. He has also proposed a realistic approach to future developments which, if adopted by the Hospital Management Committee, might keep Psychological work in the hospitals of North Wales in the vanguard of progress.

3. DEPARMENT OF SOCIAL WORK

It is essential for those who have specialised in Child Guidance/Psychiatric work to be members of teams on a permanent basis; and that every opportunity should be provided to enable those who wish to specialise in this field to do so without hindrance. This in no way would prevent developments towards a fuller integration of the efforts of all Social Workers in their particular fields. It might well encourage many who would otherwise be lost to the Social Work field.

4. HANDICAPPED CHILDREN

A not considerable number of variously handicapped children has always been seen at Child Guidance Clinics for diagnostic and advisory purposes. Staff for follow-up or truly therapeutic work were only rarely available, and most of the work with these children therefore remained a responsibility of the subnormality services.

During the last few years, however, two consultants have been appointed to joint posts in Child Psychiatry and Subnormality. This has facilitated collaboration and led to some sharing of resources, so that it can now be said that all children who, normally with their parents, are referred to either service can be seen by Child Psychiatrists, with team support as may be required. Basic child guidance and child psychiatric considerations and methods are equally valid for the handicapped and the more gifted.

5. CHILD PSYCHIATRY AND PAEDIATRICS

These two specialities overlap in many parts of the fields they cover. Disordered function, whether of body or mind, can be primary or secondary, and commonly is of mixed origin, one or other feature usually leading. Differential diagnosis can be very difficult. Referral may thus be made to either department and good working relationships between members of staff are essential.

Serious shortages in medical staffing prevented the setting up of child psychiatric clinics in hospitals in earlier years. We depended then, and still do, on free consultation and referralon. With improvement in staffing active work within the hospitals becomes possible however. For some time to come it will be limited through lack of physical facilities but as assessment centres for multiply handicapped children are set up and some beds become available in district general hospitals, collaboration at the bedside is likely to become increasingly frequent and useful.

The Welsh Working Party on "Children in Hospital" included my two co-consultants as co-opted members, representing Child Psychiatrists in Wales. The Report makes recommendations which, if implemented, would ensure that the good will of the many workers with children, sick and well, is matched by financial support, to enable them to do the work required of them. Joint appointments, at all levels, in paediatrics and child psychiatry, might be one way of hastening progress.

6. GWYNFA

This year saw a great number of heart searching discussion between members of the staff of Gwynfa and of the clinics. There has always been a fairly frequent exchange of ideas between all those involved in the work of the unit. For efficient functioning a concensus of opinion on objectives and the means by which they are to be achieved is, however, required. Unavoidably theory and practice are not by any means easily matched, particularly when staff live under daily pressures well beyond the ordinary.

There was an unexpectedly long delay in the appointment of a new Principal following the resignation of the form Principal in January, 1972, which had also led to a quite serious depletion of staffing.

The time was used constructively, however, and with the appointment of the former Deputy Principal Mr. N. Berry to the post a variety of measures, well discussed beforehand, became increasingly effective and have added materially to the stability of the establishment.

In the latter half of the year, a start was made on the construction of new kitchens, dining rooms and a gymnasium. Completion is expected about May, 1973. Plans for a much needed increase in classrooms have also been made, and we confidently expect the necessary monies to become available fairly soon.

We have continued to accept children and adolescents aged from 4 to 16, and at times, over 16. There is a long waiting list for admission, and in fact, more often than not admission comes about because a child's position in his home has become untenable.

This is a highly unsatisfactory situation as Gwynfa's main contribution to the services of the area, should be that of a diagnostic and relatively short stay treatment unit. The solution to the problems does not, however, lie in our hands only.

A small but important proportion, especially of children in the older age group, stay longer than warranted because we cannot find suitable homes for them when they require no more than a minimum of care or supervision on return to life in the community.

Others are admitted for investigation only but stay longer than the agreed period because no place is available where special care plus psychiatric supervision can be offered.

The provision by Education and Social Services Departments of additional facilities for "maladjusted pupils" and socially or otherwise disadvantaged children, would seem to offer our best hope for a lasting improvement in the situation.

Consideration will also have to be given in due course to the setting up of a special unit for adolescents aged, say 15 or over, who could benefit from the "free' atmosphere of another Gwynfa with full facilities for preparing them for entry into working life.

A half-way house, perhaps established and run jointly by a voluntary body, the Area Health Board and the Local Authority, might offer a relatively early opportunity for positive action at a reasonable cost.

The life of "Gwynfa School" has become more fully linked to that of the "house", as classes are held in rooms not specifically part of the school buildings and Gwynfa staff join the teachers in their activities during school hours. Teachers, at the same time, are participating more actively also in the life of Gwynfa after school hours as this has become increasingly varied thanks to the activities of talented members of staff and of "friends".

7. SOME CURRENT UNCERTAINTIES

During the coming year the staff of our clinics, like those in other services, will continue to prepare for, and anticipate if possible, changes expected as a result of the reorganisation of the National Health Service and Local Authority structure due in 1974.

Unfortunately, "Child Guidance" is still in limbo, no official decision regarding its future having been announced by the Government. Child Psychiatrists, with the support of the Royal College of Psychiatrists, have opted to remain in the Health Service. Clinical Psychologists also wish to do so, and so do the Social Workers in North Wales.

One could envisage hospital based "Child and Family Psychiatric Clinics" and a Local Authority based Child Guidance Service. In the latter, Child Psychiatrists would presumably undertake sessional work. In the former they might be more fully committed. Non-medical staff might come from either or both authorities.

The hospital based clinic would probably deal with neuro-psychiatric, psycho-somatic, seriously neurotic and psychotic child and adolescent disorders. The Local Authority based clinic would receive most of its referrals from schools and social agencies, children showing mainly behaviour and relatively minor neurotic difficulties associated with scholastic failure +/— social problems.

Some concern has been expressed at the possibility of the present unitary service for North Wales being split in two in 1974 to cover Gwynedd and Clwyd respectively. The present larger service offers advantages in career structure, opportunity for training and teaching, exchange of knowledge and the sharing of scarce resources. The smaller may balance most of these against greater cohesiveness, speedier communication, ease of administration, etc.

A desire to build up N.H.S. facilities within areas whose boundaries mirror those of corresponding counties, is likely to decide the issue in favour of a split. This would affect members of staff of all disciplines and they would presumably be offered posts in the area of their choice.

Facilities at Gwynfa (in Clwyd) and the children's units of Bryn-y-Neuadd (in Gwynedd) will have to be shared by patients from both counties, at least in the foreseeable future. It will also be highly desirable for members of staff to continue to meet for the exchange of views on any topics of interest to them individually and as members of their respective teams.

There will be certain administrative changes in 1974. The nature of the problems with which we deal will however change little if at all. Our contribution must remain that of a specialist service, but we are very much aware of the need for us to look at our own work always in relation to that of others, to share our experiences and skills, and to adopt new methods where appropriate.

It is worth recalling that an understanding of the nature, methods and resources of different agencies is part of the professional equipment of all workers in the field, and that a considerable amount of collaboration between agencies also exists already. If this is allowed to develop, with the full and free participation of all concerned, there need be no loss of service wither before or after 1974, and individual workers will be able to find satisfaction in their particular field.

CONCLUSION

Having reached the statutory age limit I shall have officially retired when this report is presented.

It has been my privilege to participate in the work and the development of the psychiatric services in North Wales for a period in excess of 35 years, twelve of these in adult and the remainder in child Psychiatry.

The first Child Guidance Clinic in Wales opened in Bangor, in 1943, thanks to the foresight of Dr. D. E. Parry, Pritchard, then Medical Officer of Health for Caernarvonshire, and Dr. J. H. O. Roberts, the then Medical Superintendent of Denbigh Hospital and, by a happy chance, now Chairman of the Committee guiding the fortunes of the Child Guidance Clinics whose work and progress have held his interest over the years. I shall always be indebted to him for his unfailing support and friendship, and his wise council on many occasions since my appointment as Medical Director of the clinic in 1950.

A Service can never be a one man affair. It draws its strength from the combined efforts of many people, directly or indirectly involved, consumer as well as supplier, whose support it attracts and whose needs, at individual or group level, it aims to meet.

I am very conscious of the fact that I could not have carried my responsibilities without the encouragement and good will of colleagues in my own and allied professions, of administrative officials and of many lay people. They have supported me in my endeavour to further the interests of the clinics, and therewith of the patients we all serve, and to secure a wider acceptance of the basic principles on which good clinical practice is based, and I am deeply grateful to them.

To you Mr. Chairman, and to the many members of this Committee who have supported our efforts over the years, I wish to express my co-workers and my own sincere appreciation of your consideration at all times. I am confident that your interest in our Service and your support will continue into the future.

E. SIMMONS,
Medical Director and Consultant Child Psychiatrist

Table No. 20

North Wales Child Guidance Clinics

Number of referrals received during 1972 (Denbighshire)

Name of Referring Agency	Number of Referrals
School Medical Officer	67
General Practitioners	42
Consultant Paediatricians	17
Other Medical Specialists	8
Courts and Probation Officers	14
Other Social Workers (S.S. Dept.)	26
Parents	27
Schools and Education Officers	10
Psychologists	13
Solicitors and others	2
	226

Table No. 21.

Number of Denbighshire Children and Parents Interviewed at Clincs during 1972

Clinic	No. of Individual Children	Attendances							
		Psychiatrist				Psychologist		P.S.W.	
		First		Further		First	Further	First	Further
		C.	P.	C.	P.	C	C	P.	P.
Wrexham ...	215	129	107	776	231	83	17	161	824
Colwyn Bay	54	43	41	79	51	26	6	41	97
Rhyl	33	13	16	40	20	4	2	14	78
Shotton ...	1	1	2	3	1	—	—	1	3
	303	186	166	898	303	113	25	217	1002

* "C"—child; "P"—parents or guardians.

Table No. 22

Number of Visits during 1972

Psychologist	Psychiatric Social Worker
School Visits and Visits to Other Workers	Home Visits and Visits to Other Workers
Visits done by Educational Psychologists employed by the County Education Authority	710

Table No. 23

Analysis of Cases on Special School Transport Register as at 31st December, 1972

Nature of Cases	No. of cases where transport is likely to be Temporary	No. of cases where transport is likely to be Permanent
Congental Orthopaedic Conditions	—	2
Other Orthopaedic Conditions	3	14
Kidney Disease	—	1
Congental Heart	—	4
Other Heart Conditions	—	3
Hodgkins Disease	—	1
Delicate	—	2
Chest Infection	2	6
Epileptic	1	—
Spina Bifida	—	2
Maladjusted	1	1

Report of the Organiser for Special Education for the Year 1972

EDUCATIONAL PROVISIONS FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

Remedial Education

Remedial education in Denbighshire are those special educational measures used to meet the educational needs of children with learning difficulties in special or remedial classes within the ordinary schools, either on a full time or part time basis. At the present time in our primary and secondary schools. There are some 1,500 children receiving this form of special help, and although the great majority of these are slow-learning children, there are also many categories of handicapped children being educated within the environment of the ordinary school. This integration on an increasing scale, of handicapped and slow-learning children with their peers in our primary and secondary schools, has been a constant aim of all Officers working in special education, whether medical, psychological or educational and the number of such children who are now integrated in our schools and the quality of the education they are receiving is commendable. Special tribute should be paid to the Head Teachers and teachers particularly in some of our primary schools who have willingly accepted and are successfully educating young spina-bifida children. In the past this group of handicapped children would almost inevitably have been educated in residential schools with the attendant loss of a normal home experience. It is pleasing to note that while there has been a great increase in the past four years, in our County, in children receiving special educational help, much of this has been in the context of special help within the ordinary school situation.

Special Schools and Special Classes

There are now four special schools in the County, St. Christopher's School and Powys School in the east and Ysgol y Dyffryn and Glanydon in the west, whose specific task is to meet the full range of very slow learning children. Even in these schools the range of ability and handicap is very wide, and we try to place such handicapped children in the school which will best meet their educational needs. The number of children in our E.S.N. and E.S.N.(S) schools is now 350.

There are approximately 100 children receiving education in hospital schools and hospital classes in the County

which includes the Gwynfa Residential Clinic where the teachers work as a team with the Psychiatric and Child Guidance Staff in helping emotionally disturbed children to return to the ordinary school as soon as possible. Such schools and classes, associated with hospitals are of a short term nature but they are nevertheless an important part of special education. An exception to this rule is the Spastics Centre at the Maelor Hospital, Wrexham, which continues to meet the special needs of severely handicapped young children. Evidence of the high educational standard at the Maelor Unit is shown by the easy transition of their pupils to our infant and junior schools.

The Special Unit for Partially Hearing children is now fully established and has resulted in day education for children who would formerly have been educated residentially outside the County. We have also been able to appoint a second advisory peripatetic teacher for partially hearing children and this has made a further significant improvement in our provision for this group of handicapped children. This service has been a particularly outstanding example of success through close co-operation between the Education and Health Departments, and is a service which also meets the needs of pre-school children and their parents, both at home and in the new Borras Park Unit.

New Provision in Special Education

Special Classes for Emotionally Handicapped Children. It is intended to set up two special class units, one in East Denbighshire and one in the West of the County for emotionally handicapped children. This is a relatively small group of children who need very special treatment and who require, at least for short periods, to be withdrawn to special classes. These children are carefully considered on a multi-disciplinary basis by School Health, Child Guidance and Special Education, and their treatment and education is very much a joint venture.

Ysgol y Graig (E.S.N.(S)), Colwyn Bay, is to be opened in September 1973, and will provide 60 places for severely retarded children with 20 residential places. This school will be one of the first, if not the first, of such schools in England and Wales to be built following the inclusion of mentally handicapped children in the educational system.

Brondyffryn Hall School for Autistic Children and Children with Severe Communication Disorders will open in

Denbigh in September 1973. This new experimental school starts a new era in educating a minority group of handicapped children who have been neglected in the past. Brondyffryn Hall School is certainly the first to be run by an L.E.A. for regional needs and has attracted interest and approval from all over the United Kingdom.

The building of the new Assessment Unit and Nursery School for handicapped children should be completed in Wrexham during this educational year and will give the early multi-disciplinary assessment so necessary for the successful education and development of handicapped children. This appreciation of the need for assessment and education to continue side by side and to compliment each other is indicative of the progressive attitude in our County of meeting the needs of children with special difficulties. The new combined enterprise in England and Wales, and Denbighshire can take credit for being the first in the field in developing this new and important concept in special education.

There has been a considerable increase in the quantity and quality of the special education given to our handicapped and slow learning children. This has only been possible because of the close co-operation of all the agencies involved, whether Medical, Psychological or Educational and it is pleasing to record the fruits of this co-operation and its continuing success.

E. J. RICHARDS,

Organiser for Special Education

Annual Report of the Principal School Dental Officer for the Year 1972

During the years 1965 - 1971 it has been my aim to modernise the existing Dental Units in the Authority. Now that this modernisation has been completed, I look forward to extending the service further by incorporating a new dental suite into the Clinic at Denbigh and taking part in the development of the Educational Assessment Unit which has been recommended for Wrexham. This project, when completed, will be a welcome addition to the facilities in the town as the existing premises at No. 1, Grosvenor Road, are unable to cope fully with the demands made upon them for the treatment of large numbers of Dental patients from the Wrexham Area. At the present time, however, devlopments of the Dental Service are overshadowed by the major re-organisation of the Local Government system and of the National Health Service which is duc to take place in 1974. Therefore, it would be inappropriate to forecast the changes which are bound to occur, except to say it is hoped that these changes will develop a Dental Service of increased effectiveness which will be better able to function for the public benefit. Until this new system is put into practice, speculation concerning its efficiency is pointless.

It is not possible at the close of 1972 to make a comparison between the state of dental health in Denbighshire and that of the country as a whole. Early in 1973, however, a national survey of children's dental health will be carried out in England and Wales, sponsored by the Department of Health and Social Security in collaboration with the Department of Education and Science. A part of this survey will take place in Denbighshire. The overall sample for this study is very widely spread and involves approximately 500 schools throughout the country. These schools have been selected at random so as to obtain an accurate picture of a cross-section of the community. The survey consists of a dental examination of selected children aged from 5 to 15 years in maintained schools and an interview with mothers to find out about their experiences and attitudes towards dentistry and dental health. This study complements a previous enquiry carried out among adults and will be used for planning the future of the Dental Service.

Apart from the unnecessary pain and discomfort caused by dental disease, the economic burden which it imposes on the nation is enormous. Minimisation of costs should be an administrative aim, and it is interesting to note that for every £40,000 spent on restoring teeth, only 17,000 restorations can be placed, whereas 600,000 cavities could be prevented if the money were to be spent on fluoridation of water. Dental decay would be slower to develop and could be attacked more easily. The direct cost to the Exchequer of Dental Care is now well over £100 million per year. The Office of Health Economics has pointed out that this makes dental illness the second most costly affliction in the land. Only the treatment of mental disorders absorbs more public money. The indirect cost to the nation of dental illness is even greater. It is responsible for the loss of approximately 2 million working days each year and is recorded as the official cause of some 70,000 episodes of sickness for which benefit is paid. Only a comparatively small proportion of the population seeks to conserve its teeth by regular visits to the dentist even in the absence of any pain or overt disease. Moreover, dental care tends to be concentrated in the prosperous South-East of the United Kingdom where the middle class is predominant. Most people regard the progressive loss of teeth and the presence of oral disease as inevitable. This indifference is reflected by the attitude of the community to Dental Health Education.

Dental Health campaigns are constantly being launched with considerable vigour but yield disappointingly small returns and if there is a favourable effect, it is of short duration. Advertisements in the mass media are for many people the only form of instruction concerning teeth that they will receive and are in direct competition with overwhelming pressures from other advertisements displayed by sweet manufacturers and confectioners. Young adults and the middle-aged are groups who demonstrate the success or failure of Dental Health Education. Judging by the large proportion wearing dentures, it would seem that the information needed to secure good dental health has not been assimilated. This is unfortunate as the attitudes and habits of parents with respect to oral health are important to their children. Although habits regarding other aspects of preventive medicine are changing, e.g. acceptance of a routine chest X-ray, eating habits are deep-rooted. Refined carbohydrates have a central role in most meals and they are cheaper and easier to prepar than other foods.

Health Education attempts to persuade the public to do what they actually want to do themselves. At present, progress towards making any impact on the levels of dental disease is being hampered, as the methods used for attacking the problem are inadequate. Until a dental appointment is accepted as easily as a hairdressing appointment, and the pride and satisfaction of appearance of the teeth is considered equally important to elegance of the hair, a large fraction of the population will not visit their dentists on a regular basis. In the future, the situation concerning fluoridation of water supplies will remain confused and difficult unless mandatory legislation to this end is enacted by the Government until this is achieved, there is little possibility that the present difficulties which exist in Dental Public Health will be solved.

DAVID R. PEARSE,

Principal School Dental Officer

Table No. 24

Dental Inspection and Treatment Carried Out by the Authority during 1972

	Inspected	Number of Pupils Requiring Treatment	Offered Treatment
(a) First Inspection — school	5306	5261	5053
(b) First Inspection — clinic	4454	—	—
(c) Re-Inspection — school or clinic	802	505	—
TOTALS	10562	5766	5053

Visits

	Ages 5 - 9	Ages 10 - 14	Ages 15+	Total
First Visit	3130	2252	459	5841
Subsequent Visits	3843	4428	888	9159
Total Visits	6973	6680	1347	15000

Courses of Treatment

	Ages 5 - 9	Ages 10 - 14	Ages 15+	Total
Additional Courses commenced	11	28	10	49
Total courses commenced	3141	2280	469	5890
Course Completed	—	—	—	4370

Treatment

	Ages 5 - 9	Ages 10 - 14	Ages 15+	Total
Fillings — permanent teeth	1875	3298	806	5979
Fillings — deciduous teeth	2311	233	—	2544
Permanent teeth filled	1369	3130	739	5238
Deciduous teeth filled	2150	200	—	2350
Permanent teeth extracted	208	946	365	1519
Deciduous teeth extracted	1856	692	—	2548
No. of general anaesthetics	663	687	142	1492
No. of emergencies	67	37	6	110
No. of pupils x-rayed	—	—	—	434
Prophylaxis	—	—	—	1123
Teeth otherwise conserved	—	—	—	1091
Teeth root filled	—	—	—	11
Inlays	—	—	—	25
Inlays	—	—	—	2
Crowns	—	—	—	25

Orthodontics

New cases commenced during the year	203
Cases completed during the year	50
Cases discontinued during the year	1
Number of removable appliances fitted	139
Number of fixed appliances fitted	98
Number of pupils referred to Hospital Consultants	—

Dentures

	Ages 5 - 9	Ages 10 - 14	Ages 15+	Total
	Number of pupils fitted with dentures for the first time			
(a) With full denture	—	—	6	6
(b) With other dentures	5	30	21	56
TOTAL	5	30	27	82
Number of dentures supplied first or subsequent time	5	45	32	82

Anaesthetics

Number of general anaesthetics administered by Dental Officers	125

Sessions

	Number of clinical sessions worked in the year						
		School Service			M. & C.W. Service		
	Administrative sessions	Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	Total Sessions
Dental Officers (including P.S.D.O.)	114	170	1636	1	59	—	1867
Dental Auxiliaries	—	—	1333	36	—	—	1021
Dental Hygienists	—	—	—	—	—	—	—
TOTAL	114	170	2969	37	59	—	2888

Table No. 25

Summary of Work of the Dental Auxiliaries during 1972

DENTAL AUXILIARIES

VISITS	Ages 5 - 9	Ages 10 - 14	Ages 15+	Total
First visit in calendar year	1513	843	110	2466
Subsequent visit	863	843	173	1879
TOTAL VISITS	2376	1686	283	4345
Courses of Treatment				
Additional Courses commenced	1	—	10	11
Total Courses commenced	1514	843	120	2477
Courses completed	—	—	—	1648
Treatment				
Fillings in permanent teeth	400	779	144	1323
Fillings in deciduous teeth	759	7	—	766
Permanent teeth filled	359	765	138	1262
Deciduous teeth filled	732	7	—	739
Deciduous teeth extracted	9	3	—	12
Prophylaxis	—	—	—	83

School Health Service and School Clinics

Return for 31st December, 1972

I.—Staff of School Health Service

(excluding Child Guidance)

Principal School Medical Officer: Dr. M. T. Islwyn Jones

Principal School Dental Officer: Mr. D. R. Pearse

	No. of Officers employed		Aggregate staff in the service of the L.E.A. in terms of whole-time officers
	F.T.	P.T.	
(a) Medical Officers			
(1) Whole-time School Health Service	—	—	—
(2) Whole-time School Health and rest of time with Local Health Service	10	6	5.6
(3) Part-time in the School Health Service, rest of time as General Practitioners ...	—	1	.05
*(4) Opthalmic Specialists	—	1	.2
(b) (1) Dental Officers	3	3	4·4
(2) Dental Auxiliaries	3	-	3·0
(c) (1) Senior Speech Therapist ...	1	—	1.0
(2) Speech Therapist	1	2	1.6
(d) (1) School Nurses	35	—	17.2
(2) No. of above who do not hold a Health Visitor's Certificate	—	7	2.4
(e) Educational Audiologist	1	—	1.0
(f) School Health Attendants	6	—	6.0
(g) Dental Surgery Assistants	8	2	8.2

*(Employed part-time in the school health service for specialist examination and treatment only).

II.—Number of School Clinics (i.e. premises at which Clinics are held for schoolchildren provided by the Local Education Authority for the Medical and/or Dental Examination and Treatment of Pupils attending Maintained Primary and Secondary Schools).

No. of School Clinics: 16

III.—Type of Examination and/or Treatment provided at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Hospital Board for Examination and/or Treatment to be carried out at the Clinic.

Examination and/or Treatment	Number of School Clinics (i.e. premises) where such treatment is provided	
	Directly by the Authority	Under arrangements with Hospital Board
(1)	(2)	(3)
(a) Minor ailment and other non-specialist examination or treatment	16	—
(b) Dental — Fixed Clinics	8	—
Dental — Mobile Clinics	1	—
(c) Enuretic	2	—
(d) Ophthalmic	5	—
(e) Speech Therapy	12	—
(f) Others—		
(i) Child Guidance	1	*2

*Hospital Board premises

Location of School Clinics and number and type of sessions held in each as at 31st December, 1972

Clinic Location	Eye Clinic	Dental Clinic	Minor Ailment Clinic	Child Guidance Clinic	Speech Therapy Clinic	Enuretic Clinic
No. 1 Grosvenor Rd., Wrexham	Fortnightly	Daily	Daily	—	—	Fortnightly
Prince Charles Rd., Wrexham	—	4 days per week	Daily	—	1 session per week	—
Kelso House, Wrexham	—	—	—	2 days per week	—	—
Hightown, Wrexham ..	—	—	Weekly	—	1 session per week	—
Rhos	—	—	Weekly	—	1 session per week	—
Cefn	—	—	Weekly	—	—	—
Denbigh	Full day once a month	—	Weekly	—	Weekly	—
Llanrwst	Full day once a month	—	Weekly	—	2 sessions per week	

Location of School Clinics and number and type of sessions held in each as at 31st December, 1972 (continued)

Clinic Location	Eye Clinic	Dental Clinic	Minor Ailment Clinic	Child Guidance Clinic	Speech Therapy Clinic	Enuretic Clinic
Colwyn Bay	—	Weekly	Weekly	Weekly (Hospital Board Premises)	2 sessions per week	—
Abergele	—	3 days per week	Weekly	—	2 sessions per week	—
Chirk	Monthly	—	Weekly	—	—	—
Brynteg	—	Daily	Weekly		—	—
Ruabon	Fortnightly	Daily	Daily	—	Weekly	—
Rossett	—	2 days per week	Weekly	—	Weekly	—
Gwersyllt	—	—	Weekly	—	—	
Ruthin	—	3 days per week	Weekly	—	Weekly	as and when necessary

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TABLES